

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047952

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 280

Primary Registration District No. _____

Registrar's No. 94

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Parkville</u>		c. CITY OR TOWN <u>Parkville</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4 miles west</u>		d. STREET ADDRESS (If outside, give location) <u>RFD.</u>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Alexander</u> Last <u>Oogle</u>		4. DATE OF DEATH Month <u>Dec</u> Day <u>29</u> Year <u>1962</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-11-1903</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Hand.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Chain Farm</u>	
11. BIRTHPLACE (City and state or country) <u>Rockport Ill.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Augustus A. Ogle.</u>		13b. MOTHER'S MAIDEN NAME <u>Della Lontenhuiser.</u>	
14. NAME OF HUSBAND OR WIFE <u>Macie Ogle.</u>		17. INFORMANT <u>Hertude Long</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give date or dates of service) <u>No</u>		16. ADDRESS <u>Parkville, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>GUNSHOT WOUND IN CHEST,</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>16 GA. SHOTGUN FIRED</u> <u>By WIFE OF SUBJECT</u>		INTERVAL BETWEEN ONSET AND DEATH <u>INST.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY <u>2:45 p.m.</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>FARM HOME</u>	
20f. CITY, TOWN, OR LOCATION <u>PETTIS TWP. PLATTE</u>		20g. COUNTY <u>Mo.</u>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>APPROX. 2:45 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Roland M. Giffey</u>		22b. ADDRESS <u>Platte City, Mo.</u>	
22c. DATE SIGNED <u>12-30-62</u>		23a. REMOVAL (Specify) <u>Jan 1 - 1963</u>	
23b. DATE <u>Jan 1 - 1963</u>		23c. NAME OF CEMETERY OR CREMATION <u>Miller</u>	
23d. LOCATION (City, town, or county) <u>Atlas Illinois</u>		23e. STATE <u>Ill.</u>	
24. FUNERAL DIRECTOR <u>Leland H. Francis</u>		25. DATE RECD. BY LOCAL REG. <u>12-30-62</u>	
26. REGISTRAR'S SIGNATURE <u>W. H. Rollins</u>		27. ADDRESS <u>Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed L. H. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.